

SETTLEMENT MEMORANDUM

Desiree John

Date of Incident: 6/28/2019

Insurance Company(s): Allstate

Settlement Amount:	\$ 30,000.00
Attorney Fee: Ostroff Law 40.00%	\$ 12,000.00
Expense (Total expenses due to firm):	\$ 4,443.93
Medical bills (Total Amount due):	\$ 1,238.40
Net Fee Due to Client:	\$ 12,317.67

----- See the following pages for itemization of all expenses, bills and
liens/loans. -----

Itemized Expenses Due to Ostroff Injury Law, P.C.:

Payee Name	Amount due to firm
3B PAIN MANAGEMENT CENTER PC	\$ 1,750.00
Verisma Systems, Inc. - Records	\$ 560.03
Veritext Legal Solutions - Depositions	\$ 559.00
OSDE Filing Fee	\$ 15.00
Ryan Michaleski, Esq. - Travel	\$ 109.96
Sheriff, Monroe County	\$ 150.00
Prothonotary, Monroe County	\$ 132.50
Lexvia Medical Record Retrieval	\$ 56.25
MRO - Records	\$ 547.95
Release Point - Records	\$ 563.24
Total Expenses:	\$ 4,443.93

Outstanding Medical Bills:

Name	Amount Billed	Reduction Amount	Amount Due
Life is Good Chiropractic	\$ 1,238.40	(0)	\$ 1,238.40*
Total Medical:	\$ 1,238.40	\$ 0.00	\$ 1,238.40

* Pursuant to client's specific instructions, Ostroff Injury Law will not contact and is not authorized to pay any accident-related medical bills out of the share of this settlement other than those listed above. Client is aware that any bills not covered under the first-party medical benefits may remain outstanding. Client may be sued by medical providers. Ostroff Injury Law is not required to defend client in such lawsuits. Any reductions are shown in parenthesis. If any

further reductions are obtained, the client will be sent the difference.

Ostroff Law truly appreciates the trust you placed in us. We hope you were satisfied with not only the results, but the willingness we showed to fight on your behalf.

Richard Godshall

Richard Godshall, Managing Partner

CRITICAL INFORMATION, PLEASE READ:

I hereby approve the settlement and distribution of proceeds set forth above.

I understand and agree that I am solely and wholly responsible for paying any outstanding medical bills or liens relevant to care, treatment and/or benefits provided to me as a result of the injuries sustained in the incident that is the subject of this claim.

I further understand that this is a full and complete settlement of all injuries in the above matter and that upon acceptance of this money, I will have no additional claims against any party or entity stemming from this accident.

I hereby authorize and instruct the firm to sign my name to the settlement check and distribute the proceeds in accordance with the above.

Note that Ostroff Law is largely a paperless Firm. Our electronic document retention policy is 7 years from the date a case is resolved. If there is a particular item you need from your electronic file, feel free to contact us and we will make reasonable accommodations in relation to your request. To the extent any of your file is in paper form, we will make sure it is shredded within 30 days of case resolution. If you want a copy of your physical file, there will be an additional charge to you of \$250 for copy and delivery/shipment. Please initial the box if you authorize this additional charge: _____ . Again, since we have your electronic file for the next 7 years, we do not recommend that you incur this additional cost.

Date: _____

Name: _____
Desiree John